

## **Safeguarding Board**

### **Response from Patient and Client Council**

The Patient and Client Council (PCC) was established on the 1<sup>st</sup> April 2009 as part of the modernisation programme for health and social care services in Northern Ireland. The overarching objective of the PCC is to provide a powerful, independent voice for patients, clients, carers, and communities on health and social care.

The Patient and Client Council welcomes the SBNI as a way of protecting children from harm.

The PCC response to the questions posed by the Health Committee is as follows:

1. The essential elements outlined in the proposal and enhanced in evidence given to the committee are the right ones. The emphasis on taking a strategic perspective on prevention of harm to children and young people is important. We welcome the role that SBNI will have in monitoring, reviewing and revising policies and procedures in light of experiences (particularly from children, young people and their families) and lessons learnt. The communication strategy that SBNI implements will be crucial in making clear what the role of the group is and emphasising that the protection of children and young people is the responsibility of all, with SBNI taking a co-ordinating role.
2. Direct engagement with children, young people and their families will be crucial to ensuring the effective operation of the SBNI and the panels. We note that the initial consultation makes mention of a “reference group” but would suggest that this is too narrow – the PCC would urge the SBNI to utilise existing participation and consultation structures, particularly those working with families and children who have had experience of safeguarding processes [e.g. Looked after children] in the first instance. It can then make a decision as to its longer-term participation and consultation processes.
3. It will be important that panel members are of sufficient seniority and/or experience to represent their respective organisations effectively. The appointment of an experienced and able Chair will be vitally important to the effective conduct of SBNI business. Management information for the SBNI needs to be focussed on robust evidence with regards to prevention and identified risks. Clear, accurate and timely information will be essential to the effectiveness of the organisation and to its governance and accountability duties.
4. The proposed SBNI core membership is quite large and we appreciate why this might be the case. We believe that the members named are crucial as

they are tasked with the formal implementation of safeguarding and child protection procedures from prevention, to detection, to legal action. It will be important that all agencies ensure that this work is incorporated throughout their own organisations.

We welcome the involvement of lay members of the PCC but would be concerned that there is a potential that they would be overwhelmed by the “professionals”. Due care must be taken by the Chair and members that lay members are properly supported and given their voice. Additionally, formal arrangements should be put in place to engage with young people

5. The Chairs of the Board and local panels should be remunerated and their time commitment clearly laid out. An exceptional calibre of candidate will be required for these important posts. The Public Appointments process may provide a suitable vehicle for recruitment.
6. The SBNI will be required to set the strategic direction, on matters of child protection, for individual organisations. Its need to actively influence the planning and commissioning of services requires it to have a cross-cutting role across the HSC structure. The SBNI should, primarily, identify policies, procedures and clear objectives on the safeguarding of children and young people. Commissioning of local services falls within the direct remit of the others but it must be made clear that such decisions must take cognisance of the views of the local panels. It will be important to distinguish how the SBNI role relates to the policy setting role of the DHSSPSNI. The challenge function in particular will be diluted if these clear accountabilities and relationships are not marked out.

Also, the position of the SBNI with regard to the RQIA needs to be examined in more detail and a clear understanding of partnership working mapped out.

7. It is equally imperative that co-operation is undertaken with those outside of health and social care, particularly education and criminal justice. We believe that it is essential for the protection of children that a duty is placed on each member agency to co-operate.
8. The placement of the SBNI in the PHA can provide an effective working position, allowing it to challenge services from commissioning through to delivery.